



LONG-TERM SERVICES AND SUPPORTS UPDATE

- **Program of All-Inclusive Care for the Elderly**
- **Community Alternatives Services for
Children and Disabled Adults**

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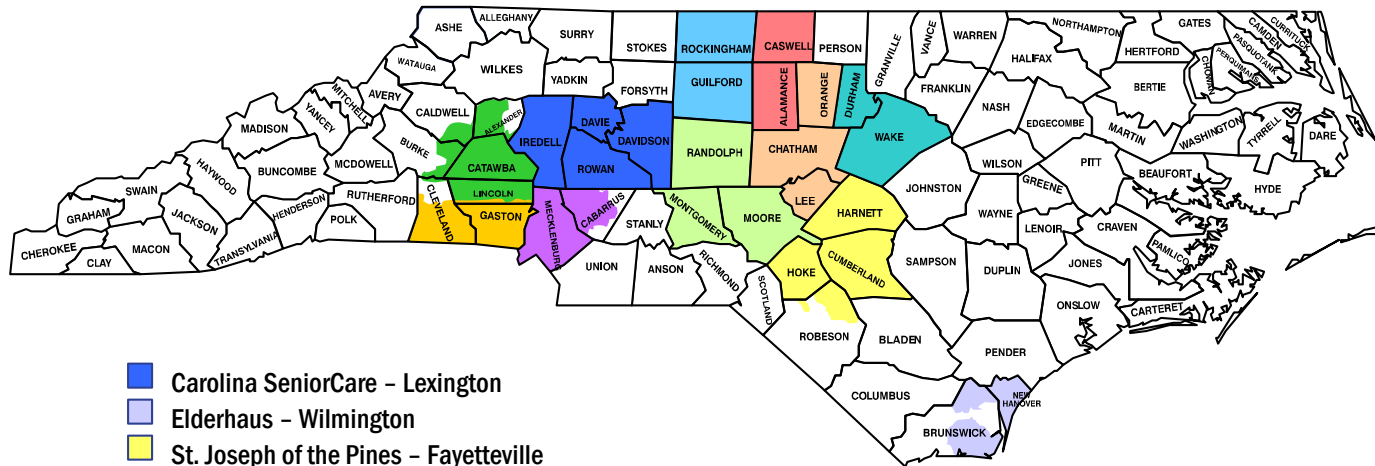
PROGRAM OF ALL-INCLUSIVE FOR THE ELDERLY (PACE)



PACE: A capitated managed care program for frail and elderly beneficiaries

- **Purpose.** Provides Medicaid beneficiaries, family, caregivers and professional health care providers the flexibility to meet a person's health care needs while continuing to live safely in the community
- **Funding.** PACE organizations are paid Per Member Per Month (PMPM) capitation fees from which all of the enrollee's health care expenses are paid
- **Risk.** Organizations assume 100% of the financial risk

NC PACE PROGRAMS



- Carolina SeniorCare - Lexington
- Elderhaus - Wilmington
- St. Joseph of the Pines - Fayetteville
- PACE of the Southern Piedmont - Charlotte
- PACE of the Triad - Greensboro
- PACE@Home - Newton
- Piedmont Health SeniorCare - Burlington
- Piedmont Health SeniorCare - Pittsboro
- Senior Community Care of North Carolina - Durham
- Senior Total Life Care - Gastonia

PACE ORGANIZATIONS AND PARTNERS IN NC

PACE Organization	Start Date	Parent and/or Equity Partners			
		Hospital and/or Health System	Provider of Services for the Aging	Hospice	Other (FQHC, Family Services, Home Care Agency, etc.)
Elderhaus	2/1/2008				
Piedmont Health Senior Care - Burlington	11/1/2008				X
Piedmont Health Senior Care - Pittsboro	1/1/2014				X
St. Joseph of the Pines	4/1/2011		X		
PACE of Triad	7/01/2011	X	X	X	X
Pace @ Home	1/01/2012	X	X	X	
Carolina SeniorCare	10/1/2012		X		
PACE of the Southern Piedmont	7/01/2013	X	X	X	X
Senior CommUnity Care of NC	9/01/2013				X
Senior Total Life Care	1/01/2014	X	X		X
StayWell SeniorCare	12/1/2014	X		X	
Asheville CarePartners Health Services	2/1/2015	X			

PROGRAM COSTS AND FUNDING

	SFY 2012	SFY 2013	SFY2 014
State dollars (millions)	\$3.61	\$5.95	\$11.49
Federal dollars (millions)	\$6.74	\$11.28	\$22.02
FMAP rate	65.14%	65.45%	65.71%
TOTAL EXPENDITURES	\$10.35	\$17.23	\$33.50

- DMA does not track individual PACE organization expenditures since payments to programs are capitated
- Growth of PACE expenditures is tied to:
 1. Geographic and enrollment expansion in new locations
 2. Increasing enrollment in existing programsNone of the programs have reached capacity

- DMA is currently working with PACE Organizations to determine:
 - Options for improving reporting and tracking through implementation of a dashboard reporting monthly module
 - Augment FL-2 to improve the current eligibility determination process with e-PACE Service Request Form
 - Finalize a strategic plan for PACE growth and sustainability in partnership with PACE organizations, the NC PACE Association, and the Division of Aging and Adult Services
 - Expand current training and communication processes to engage all clinical disciplines within the PACE Organizations

Community Alternatives Program for Children



- The Community Alternatives Program for Children (CAP/C) (also known as the Katie Beckett waiver) provides home and community based services to medically fragile children who, because of their medical needs are at risk for institutionalization.
- Examples of children who may be eligible for CAP/C include children with ventilators, tracheostomies, feeding tubes, severe seizures, and those children who need help with activities such as bathing, dressing, grooming, and toileting when the child, for medical reasons, is not able to do or learn to do those tasks independently.
- Average Monthly recipients for this program is 1,488 beneficiaries.

COVERED SERVICES FOR CAP/C



All families on CAP/C have a case manager to assist them with identifying their needs, developing a plan of care to meet those needs, and monitoring and coordinating the services and supplies in that plan of care.

- In addition to case management, families must require and use one of the following additional services, at least once every 90 days:
- In-home nurse or nurse aide care
- Certain home modifications and vehicle modifications to enhance the child's safety and independence
- Palliative care (art therapy, music therapy, counseling, and bereavement counseling offered both to the child and to the family)
- Waiver supplies
- Caregiver training and education (funding of the registration fee or tuition for a workshop, seminar, or class that will enhance a caregiver's ability to provide care)
- Respite care

COMMUNITY ALTERNATIVE PROGRAM FOR DISABLED ADULTS



- The CAP/DA program waives certain NC Medicaid requirements to furnish an array of home and community based services to adults with disabilities 18 years of age and older who are at risk of institutionalization.
- The waiver services to provide an alternative to institutionalization for beneficiaries in this target population who prefer to remain in their primary private residences. CAP/DA or CAP/Choice supplement, rather than replace, the formal and informal services and supports already available to a beneficiary.
- Average Monthly recipients for this program is 10,166 beneficiaries with a total slot allocation for the state of 11, 214.

COVERED SERVICES FOR CAP/DA



- Adult day health
- Personal care aide
- Home accessibility and adaptation
- Meal preparation and delivery
- Institutional respite services
- Non-institutional respite services
- Personal Emergency Response Services
- Specialized medical equipment and supplies
- Participant goods and services
- Community transition services
- Training, education and consultative services
- Assistive technology
- Case management
- Care advisor (CAP/Choice only)
- Personal assistant (CAP/Choice only)
- Financial management services (CAP/Choice only)

- In 2011, the Division of Medical Assistance (DMA) implemented a project to merge the Community Alternatives Program Waivers, Community Alternatives Program for Children CAP/C and Community Alternatives Program for Disabled Adults CAP/DA.
- Between 2011 -2012 work groups met to identify waiver processes to aid in the merger of these two waivers. These work groups analyzed the six waiver assurances to identify similarities, differences and methods for consolidation. The merge of the two waiver is anticipated in July 2015.
- The Centers for Medicare and Medicaid Services (CMS) implemented an HCBS Final Rule to encourage states to combine waivers that targets similar populations.